| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MICHIGAN | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: | Identify Yourself | | |
|---|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | | | |
| your pictu exar | Write the name that is on your government-issued picture identification (for example, your driver's | Wayne First name Douglas | First name |
| Bring your picture identification to your meeting with the trustee. | | Middle name | Middle name |
| | | Hollars, II Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| | | | |
| you num Indi | r Social Security aber or federal vidual Taxpayer tification number | xxx-xx-3665 | |
| | You Write your pictu exar licen Bring iden mee | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Hollars, II Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Wayne First name Douglas Middle name Hollars, II Last name and Suffix (Sr., Jr., II, III) |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| - | | EINs | EINs | | | |
| 5. | Where you live | 1475 Bainbridge | If Debtor 2 lives at a different address: | | | |
| | | Livonia, MI 48154 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Wayne | , , , . , | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

| Der | Debtor 1 Wayne Douglas Hollars, II | | | Case number (if known) | | | | | |
|---|---|-----------|-------------|---|--|--|--|--|--|
| Par | t 2: Tell the Court About | Your Bank | ruptev Ca | se | | | | | |
| 7. | The chapter of the | Check on | e. (For a b | rief description of | | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy | | | |
| | Bankruptcy Code you are choosing to file under | <u>`</u> | ,, | go to the top of pa | age 1 and check the appropriate | e box. | | | |
| | | ■ Chap | | | | | | | |
| | | ☐ Chap | ter 11 | | | | | | |
| | | ☐ Chap | ter 12 | | | | | | |
| | | ☐ Chap | ter 13 | | | | | | |
| 8. | How you will pay the fee | abo | out how yo | u may pay. Typica attorney is submit | ally, if you are paying the fee yo | k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with | | | |
| | | ☐ Inc | eed to pa | the fee in instal | the fee in installments. If you choose this option, sign and attach the Application for Inc. in Installments (Official Form 103A). | | | | |
| | | | U | , | , | n only if you are filing for Chapter 7. By law, a judge may, | | | |
| | | but | is not req | uired to, waive you | ur fee, and may do so only if yo | our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out | | | |
| | | | | | | cial Form 103B) and file it with your petition. | | | |
| | | | | | | | | | |
| 9. Have you filed for bankruptcy within the | | | | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your | ■ No. | Go to I | ine 12. | <u>-</u> | | | | |
| | residence? | ☐ Yes. | Has yo | ur landlord obtain | ed an eviction judgment agains | et you? | | | |
| | | | | No. Go to line 12 | , - | | | | |
| | | | | | | Judgment Against You (Form 101A) and file it as part of | | | |

| DCL | wayne bouglas n | Ullai S, II | | | | | | |
|---|---|---|----------------|---|---|--|--|--|
| | | | | | | | | |
| Par | Report About Any Bu | sinesses | You Owr | as a Sole Proprie | etor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | |
| | business: | ☐ Yes. | Name | Name and location of business | | | | |
| | A sole proprietorship is a | | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | oer, Street, City, Sta | ite & ZIP Code | | | |
| | it to this petition. | | Chec | k the appropriate bo | ox to describe your business: | | | |
| | | | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | | Single Asset Real | I Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | | | |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | None of the above | e | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small | he deadline de and are operation siness in 11 U.S | | ndicate that you are ow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure pter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own or | Have Any | / Hazardo | ous Property or An | ny Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is | s the property? | | | | |
| | • | | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Wayne Douglas H | ollars, II | | Case numb | Der (if known) |
|-----|--|---------------------|--|---|---|
| Par | t 6: Answer These Quest | ions for R | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | | consumer debts? Consumer debts are deersonal, family, or household purpose." | fined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | business debts? Business debts are debt | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you | u owe that are not consumer debts or busine | ess debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | ter 7. Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | Do you estimate that after any exempt pro available to distribute to unsecured creditor | operty is excluded and administrative expenses s? |
| | administrative expenses | | ■ No | | |
| | are paid that funds will be available for | | □Yes | | |
| | distribution to unsecured creditors? | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | □ 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | I | <u> </u> | <u> </u> |
| | | □ 100-1 □ 200-9 | | □ 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$ | 50,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$ | | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion |
| Par | t 7: Sign Below | | | | |
| For | you | I have ex | amined this petition, and I d | leclare under penalty of perjury that the info | rmation provided is true and correct. |
| | | | | r 7, I am aware that I may proceed, if eligible e relief available under each chapter, and I o | |
| | | | | d not pay or agree to pay someone who is r the notice required by 11 U.S.C. § 342(b). | not an attorney to help me fill out this |
| | | I request | relief in accordance with the | e chapter of title 11, United States Code, sp | ecified in this petition. |
| | | bankrupt and 357 | cy case can result in fines up 1. | nt, concealing property, or obtaining money p to \$250,000, or imprisonment for up to 20 | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Wayne | ne Douglas Hollars, II Douglas Hollars, II e of Debtor 1 | Signature of Debt | tor 2 |
| | | Executed | d on April 30, 2019 | Executed on | |
| | | | MM / DD / YYYY | M | M / DD / YYYY |

| Debtor 1 Wayne Douglas H | ollars, II | Ca | se number (if known) |
|--|---|---------------------|---|
| For your attorney, if you are epresented by one | I, the attorney for the debtor(s) named in this petitic under Chapter 7, 11, 12, or 13 of title 11, United States for which the person is eligible. I also certify that I | ates Code, and have | explained the relief available under each chapter |
| f you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, cert schedules filed with the petition is incorrect. | | |
| . • | /s/ Jared L. Haddock | Date | April 30, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Jared L. Haddock P69802 | | |
| | | | |
| | Law Offices of J. L. Haddock, PLLC | | |
| | 29240 Buckingham | | |

Email address

jared@jlhaddock.com

Number, Street, City, State & ZIP Code Contact phone **734-427-7000** P69802 MI Bar number & State

Livonia, MI 48154

Suite 8C

| Fill | in this information to ide | ntify your case: | | | |
|---------|--|--|--|------------|---------------------------------|
| | tor 1 Wayne I | Douglas Hollars, II | | | |
| Deb | First Name | Middle Name | Last Name | | |
| | use if, filing) First Name | Middle Name | Last Name | | |
| Unit | ed States Bankruptcy Cou | rt for the: EASTERN DISTRICT | OF MICHIGAN | | |
| Cas | e number | | | | ala Malada da la la |
| (II KII | owii) | | | _ | ck if this is an nded filing |
| | | | | | |
| Of | icial Form 1069 | <u>Sum</u> | | | |
| | | | and Certain Statistical Information | | 12/15 |
| info | mation. Fill out all of you | ır schedules first; then complete | ple are filing together, both are equally responsible for the information on this form. If you are filing amend eck the box at the top of this page. | | |
| Par | 1: Summarize Your A | ssets | | | |
| | | | | | assets of what you own |
| 1. | Schedule A/B: Property 1a. Copy line 55, Total re | (Official Form 106A/B) eal estate, from Schedule A/B | | \$ | 100,000.00 |
| | | | В | \$ | 29,805.21 |
| | 1c. Copy line 63, Total of | all property on Schedule A/B | | \$ | 129,805.21 |
| Par | 2: Summarize Your Li | iabilities | | | |
| | | | | | liabilities Int you owe |
| 2. | | ho Have Claims Secured by Prope ted in Column A, Amount of claim, | erty (Official Form 106D) at the bottom of the last page of Part 1 of Schedule D | \$ | 189,424.00 |
| 3. | Schedule E/F: Creditors 3a. Copy the total claims | Who Have Unsecured Claims (Offi from Part 1 (priority unsecured cla | cial Form 106E/F) aims) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the total claims | from Part 2 (nonpriority unsecured | d claims) from line 6j of Schedule E/F | \$ | 74,048.76 |
| | | | Your total liabilities | \$ | 263,472.76 |
| Par | 3: Summarize Your In | ncome and Expenses | | | |
| 4. | Schedule I: Your Income Copy your combined mor | | ule I | \$ | 5,814.00 |
| 5. | Schedule J: Your Expense Copy your monthly exper | | | \$ | 5,810.00 |
| Par | 4: Answer These Que | estions for Administrative and St | atistical Records | | |
| 6. | | uptcy under Chapters 7, 11, or 1 ng to report on this part of the form | 3? . Check this box and submit this form to the court with yo | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do yo | ou have? | | | |
| | | | er debts are those "incurred by an individual primarily for | a persona | al, family, or |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,923.05

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this infor | mation to identify your case and th | ic filing: | | |
|---|---|---|---|---|
| Debtor 1 | Wayne Douglas Hollars, II | is ming. | | |
| Debitor 1 | | Name Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name Middle | Name Last Name | | |
| | ankruptcy Court for the: EASTERN | | | |
| Case number | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | orm 106A/B | | | |
| Schedul | e A/B: Property | | | 12/15 |
| think it fits best. E information. If mor Answer every ques | Be as complete and accurate as possible space is needed, attach a separate station. | an asset only once. If an asset fits in more than one e. If two married people are filing together, both are eneet to this form. On the top of any additional pages, the Real Estate You Own or Have an Interest In | equally responsible for su | pplying correct |
| 1. Do you own or | have any legal or equitable interest in a | ny residence, building, land, or similar property? | | |
| ☐ No. Go to Par | rt 2. | | | |
| Yes. Where i | is the property? | | | |
| 1.1 | | What is the property? Check all that apply | | |
| 1475 Bain | if available, or other description | Single-family home | Do not deduct secured cla | |
| Oneer address, | ar available, or other description | Duplex or multi-unit building Condominium or cooperative | Creditors Who Have Claim | |
| | | ☐ Manufactured or mobile home | Current value of the | Current value of the |
| Livonia | MI 48152-0000 | Land | entire property? | portion you own? |
| City | State ZIP Code | ☐ Investment property ☐ Timeshare | \$200,000.00 | \$100,000.00 |
| | | Other | Describe the nature of ye (such as fee simple, tens | our ownership interest ancy by the entireties, or |
| | | Who has an interest in the property? Check one | a life estate), if known. Fee simple | |
| Wayne | | ☐ Debtor 1 only ☐ Debtor 2 only | ree simple | |
| County | | Debtor 1 and Debtor 2 only | | |
| | | At least one of the debtors and another | Check if this is com (see instructions) | munity property |
| | | Other information you wish to add about this item property identification number: | , such as local | |
| | | property ruentineation named: | | |
| | | | | |
| | | r all of your entries from Part 1, including any on number here | | \$100,000.00 |
| Part 2: Describe | Your Vehicles | | | |
| | | est in any vehicles, whether they are registered tit on Schedule G: Executory Contracts and Unex | | chicles you own that |
| 3. Cars, vans, tr | ucks, tractors, sport utility vehicle | s, motorcycles | | |
| ■ No | | | | |
| ☐ Yes | | | | |

| Debtor ' | 1 Wayne Douglas Ho | llars, II | Case number (ii | known) |
|--------------------------------------|---|---|----------------------------------|---|
| | | es, ATVs and other recreational vehicles, oth personal watercraft, fishing vessels, snowmobil | | s |
| ■ No | | | | |
| □Ye | s | | | |
| | | | | |
| | | tion you own for all of your entries from Part art 2. Write that number here | | |
| Part 3: | Describe Your Personal and | Household Items | | |
| Do you | own or have any legal or | equitable interest in any of the following iten | ns? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | ngs niture, linens, china, kitchenware | | |
| ■ Ye | es. Describe | | | |
| | | ehold goods and furnishings tion: 1475 Bainbridge, Livonia MI 48152 | | \$2,000.00 |
| | | | · | |
| | including cell phones | os; audio, video, stereo, and digital equipment; con, cameras, media players, games | omputers, printers, scanners; | music collections; electronic devices |
| ■ Ye | es. Describe | | | |
| | | ehold electronics tion: 1475 Bainbridge, Livonia MI 48152 | | \$2,000.00 |
| Exar ■ No | other collections, me | s; paintings, prints, or other artwork; books, picto morabilia, collectibles | ures, or other art objects; stan | np, coin, or baseball card collections; |
| 9. Equi Exar | pment for sports and hoble apples: Sports, photographic musical instruments | oies , exercise, and other hobby equipment; bicycles | , pool tables, golf clubs, skis; | canoes and kayaks; carpentry tools; |
| ■ No | | | | |
| ■ No | amples: Pistols, rifles, shotg | uns, ammunition, and related equipment | | |
| | amples: Everyday clothes, fu o | urs, leather coats, designer wear, shoes, access | ories | |
| ■ Ye | es. Describe | | | |
| | | othing tion: 1475 Bainbridge, Livonia MI 48152 | | \$5,000.00 |
| 12. Jew <i>Exa</i> □ Na | amples: Everyday jewelry, c | ostume jewelry, engagement rings, wedding ring | ıs, heirloom jewelry, watches, | gems, gold, silver |

Yes. Describe.....

Official Form 106A/B

Schedule A/B: Property

page 2

| Deb | otor 1 Wayne Doug | glas Hol | lars, II | | Case number | (if known) | |
|-----|--|------------------|-----------------------------|-------------------------------|--|----------------|---|
| | | All jev Locat | | oridge, Livonia MI 481 | 52 | | \$1,000.00 |
| | Non-farm animals Examples: Dogs, cats, No Yes. Describe | birds, ho | rses | | | | |
| | | 4 cats Locat | | oridge, Livonia MI 481 | 52 | | \$200.00 |
| ı | Any other personal an No Yes. Give specific inf | | | id not already list, includ | ding any health aids you did ı | not list | |
| 15. | | | | n Part 3, including any ei | ntries for pages you have atta | iched | \$10,200.00 |
| | t4: Describe Your Finan you own or have any I | | | in any of the following? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash Examples: Money you No Yes | | | | ox, and on hand when you file | your petition | |
| | | | | | Cash Location 1475 Bainbrid Livonia 48152 | ge, | \$10.00 |
| | institutions. | | | ccounts; certificates of dep | posit; shares in credit unions, b on, list each. | okerage hous | ses, and other similar |
| | □ No ■ Yes | | | Institution name | : | | |
| | | 17.1. | Checking | Bank of Ame | rica | | \$969.50 |
| | | 17.2. | Checking | Huntington B | ank | | \$12.00 |
| _ | Bonds, mutual funds, Examples: Bond funds, ■ No | | | ; brokerage firms, money m | narket accounts | | |
| | ⊒ Yes | | Institution or issu | er name: | | | |
| _ | Non-publicly traded st joint venture ■ No | ock and | interests in inco | rporated and unincorpo | rated businesses, including a | ın interest in | an LLC, partnership, and |
| | ☐ Yes. Give specific inf | | about them me of entity: | | % of owners | hip: | |

| יט | wayne Douglas Holla | rs, II | | Case number (if known) | |
|-----|---|------------------------------------|--|-----------------------------|--|
| | | | | | |
| 20. | Negotiable instruments include per Non-negotiable instruments are the | sonal checks, ca | otiable and non-negotiable instrume shiers' checks, promissory notes, and ansfer to someone by signing or delive | money orders. | |
| | ■ No | | | | |
| | ☐ Yes. Give specific information ab | out them name: | | | |
| 21. | Retirement or pension accounts Examples: Interests in IRA, ERISA No | , Keogh, 401(k), | 403(b), thrift savings accounts, or othe | r pension or profit-sharing | plans |
| | Yes. List each account separately Type of | /. account: | Institution name: | | |
| | 401(k) | | Art Vanm Furniture Retire | ement Plan | \$18,221.83 |
| 22 | 2. Security deposits and prepaymen | nts | | | |
| | Your share of all unused deposits | ou have made s | o that you may continue service or use public utilities (electric, gas, water), te | | nies, or others |
| | ☐ Yes | | Institution name or individual: | | |
| 23. | ` ' | payment of mon | ey to you, either for life or for a numbe | r of years) | |
| | ■ No □ Yes Issuer name a | and description. | | | |
| 24. | 1. Interests in an education IRA, in a 26 U.S.C. §§ 530(b)(1), 529A(b), an | | qualified ABLE program, or under a | qualified state tuition pro | ogram. |
| | ■ No □ Yes Institution nar | ne and description | on. Separately file the records of any in | terests.11 U.S.C. § 521(c): | |
| 25. | 5. Trusts, equitable or future interes | sts in property (| other than anything listed in line 1), | and rights or powers exe | ercisable for your benefit |
| | ☐ Yes. Give specific information ab | out them | | | |
| 26. | Patents, copyrights, trademarks, Examples: Internet domain namesNo | | nd other intellectual property eds from royalties and licensing agreer | ments | |
| | ☐ Yes. Give specific information ab | out them | | | |
| 27. | , , , | general intangiblive licenses, coo | les perative association holdings, liquor lic | enses, professional licens | es |
| | ■ No□ Yes. Give specific information at | out them | | | |
| M | Money or property owed to you? | | | | Current value of the |
| | | | | | portion you own?Do not deduct secured claims or exemptions. |
| 28. | 3. Tax refunds owed to you | | | | |
| | ☐ No ■ Yes. Give specific information ab | out them, includir | ng whether you already filed the returns | s and the tax years | |
| | | | | | |
| | | 2019 Inc | ome Tax Refund (prorated) | Federal | \$391.88 |
| 29. | 9. Family support | | | | |
| | Examples: Past due or lump sum a No | llimony, spousal | support, child support, maintenance, di | vorce settlement, property | settlement |
| | ☐ Yes. Give specific information | | | | |

| De | btor 1 | Wayne Douglas Hollars, II | Case number (if known) | |
|-----|----------------------|---|---|----------------------------|
| | | mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else | benefits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| | | Give specific information | | |
| | | s in insurance policies les: Health, disability, or life insurance; health savings accou | unt (HSA); credit, homeowner's, or renter's insurar | nce |
| | | Name the insurance company of each policy and list its valu Company name: | e. Beneficiary: | Surrender or refund value: |
| | If you a someon | erest in property that is due you from someone who has re the beneficiary of a living trust, expect proceeds from a line has died. Give specific information | | eive property because |
| | Examp ■ No — | against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or ri | | |
| 34. | Other c | ontingent and unliquidated claims of every nature, inclu | uding counterclaims of the debtor and rights to | set off claims |
| | ■ No □ Yes. | Describe each claim | | |
| | ■ No | ancial assets you did not already list | | |
| | . Add tl | Give specific information ne dollar value of all of your entries from Part 4, includir rt 4. Write that number here | | \$19,605.21 |
| Pa | rt 5: Des | cribe Any Business-Related Property You Own or Have an Inter | rest In. List any real estate in Part 1. | |
| _ | Do you o ■ No. Go | wn or have any legal or equitable interest in any business-relat | ed property? | |
| | _ | o to line 38. | | |
| Pa | | cribe Any Farm- and Commercial Fishing-Related Property You u own or have an interest in farmland, list it in Part 1. | ı Own or Have an Interest In. | |
| 46. | | own or have any legal or equitable interest in any farm- | or commercial fishing-related property? | |
| | _ | Go to line 47. | | |
| Pa | rt 7: | Describe All Property You Own or Have an Interest in That Yo | u Did Not List Above | |
| | Examp | have other property of any kind you did not already list les: Season tickets, country club membership | ? | |
| | ■ No □ Yes. 0 | Give specific information | | |
| 54 | . Add tl | ne dollar value of all of your entries from Part 7. Write th | at number here | \$0.00 |

| Debtor 1 | Wayne Douglas H | lollars, II | | |
|--------------------|--------------------------|--------------------|------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | |
| ase number known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | y the Prop | erty Y | ou Claim | as Exempt |
|---------|----------|------------|--------|----------|-----------|
| | | | | | |

| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
|----|--|--|-----|---|-----------------------|--|--|--|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | 1475 Bainbridge Livonia, MI 48152 Wayne County | \$100,000.00 | | \$5,288.00 | 11 U.S.C. § 522(d)(1) | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Household goods and furnishings Location: 1475 Bainbridge, Livonia | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) | | | |
| | MI 48152 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Household electronics Location: 1475 Bainbridge, Livonia | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) | | | |
| | MI 48152 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | All clothing Location: 1475 Bainbridge, Livonia | \$5,000.00 | | \$5,000.00 | 11 U.S.C. § 522(d)(3) | | | |
| | MI 48152 Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | All jewelry Location: 1475 Bainbridge, Livonia | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(4) | | | |
| | MI 48152 Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption |
|----|---|--------------------------------------|--------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | 4 cats Location: 1475 Bainbridge, Livonia | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) |
| | MI 48152 Line from Schedule A/B: 13.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Location: 1475 Bainbridge, Livonia | \$10.00 | | \$10.00 | 11 U.S.C. § 522(d)(5) |
| | MI 48152 Line from Schedule A/B: 16.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Bank of America Line from Schedule A/B: 17.1 | \$969.50 | | \$969.50 | 11 U.S.C. § 522(d)(5) |
| | Line Iron Schedule AVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Huntington Bank Line from Schedule A/B: 17.2 | \$12.00 | | \$12.00 | 11 U.S.C. § 522(d)(5) |
| | Line non schedule AVD. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401(k): Art Vanm Furniture Retirement Plan | \$18,221.83 | | \$18,221.83 | 11 U.S.C. § 522(d)(12) |
| | Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Federal: 2019 Income Tax Refund (prorated) | \$391.88 | | \$391.88 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 | | | led on or after the date of adjustme | nt.) |
| | ☐ Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |
| | ☐ Yes | | | | |
| | | | | | |

| Fill in this info | rmation to identify you | ır case: | | | |
|---------------------------------|---|--|---|--|--------------------------|
| Debtor 1 | Wayne Douglas | 6 Hollars, II Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Name | | | |
| | | | | | |
| United States B | Sankruptcy Court for the | EASTERN DISTRICT OF MICHIGAN | | - | |
| Case number (if known) | | | | _ | if this is an |
| Official For Schedule | | s Who Have Claims Secure | d by Propert | у | 12/15 |
| | he Additional Page, fill it | If two married people are filing together, both are ecout, number the entries, and attach it to this form. O | | | |
| 1. Do any credito | rs have claims secured b | y your property? | | | |
| ☐ No. Che | ck this box and submit t | his form to the court with your other schedules. Y | ou have nothing else t | o report on this form. | |
| Yes. Fill | in all of the information | below. | | | |
| Part 1: List | All Secured Claims | | | | |
| 2. List all secure | d claims. If a creditor has | more than one secured claim, list the creditor separately | Column A | Column B | Column C |
| for each claim. If | more than one creditor has | s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| Member | | Describe the property that secures the claim: | \$59,549.00 | \$200,000.00 | \$0.00 |
| | ^{me} nkruptcy arvey Po Box | 1475 Bainbridge Livonia, MI 48152 Wayne County | | | |
| 8050 | h, MI 48170 | As of the date you file, the claim is: Check all that apply. | | | |
| | eet, City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | |
| rambor, one | ot, ony, otato a zip oodo | ☐ Disputed | | | |
| Who owes the | debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only ■ Debtor 2 only | | ☐ An agreement you made (such as mortgage or se car loan) | cured | | |
| Debtor 1 and | Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| _ | f the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| _ | claim relates to a | Other (including a right to offset) | | | |
| | Opened 09/15 Last Active | | | | |

Date debt was incurred 2/09/19

0201

Last 4 digits of account number

| Middle N | Describe the property that secures the claim: 1475 Bainbridge Livonia, MI 48152 | \$129,875.00 | \$200,000.00 | \$0.00 | | |
|----------------------|---|--|---|--|--|--|
| | | \$129,875.00 | \$200,000.00 | \$0.00 | | |
| | 1475 Rainbridge Livonia MI 48152 | | | Ψ0.00 | | |
| | 1473 Ballibridge Livolia, Mi 40132 | | | | | |
| otcy | Wayne County | | | | | |
| s Waters | As of the date you file, the claim is: Check all that apply. | _l : | | | | |
| 75019 | Contingent | | | | | |
| State & Zip Code | ☐ Unliquidated | | | | | |
| Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | | |
| | ☐ An agreement you made (such as mortgage or | secured | | | | |
| | car loan) | | | | | |
| 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| ebtors and another | ☐ Judgment lien from a lawsuit | , | | | | |
| relates to a | Other (including a right to offset) | | | | | |
| Opened 07/14 Last | | | | | | |
| | Last 4 digits of account number 360 |)3 | | | | |
| | State & Zip Code Check one. 2 only elebtors and another relates to a Opened 07/14 Last Active | As of the date you file, the claim is: Check all that apply. State & Zip Code | As of the date you file, the claim is: Check all that apply. Contingent Contingent Disputed Disputed | As of the date you file, the claim is: Check all that apply. State & Zip Code | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this infor | mation to identify your cas | se: | |
|---|--|---|--|
| Debtor 1 | Wayne Douglas Holl | • | |
| Debtor 2 | First Name | Middle Name Last Name | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States Ba | ankruptcy Court for the: | ASTERN DISTRICT OF MICHIGAN | |
| Case number (if known) | | | Check if this is an amended filing |
| | E/F: Creditors Who | o Have Unsecured Claims | 12/15 |
| any executory con Schedule G: Exec Schedule D: Credi left. Attach the Co name and case nu | ntracts or unexpired leases tha utory Contracts and Unexpired itors Who Have Claims Secure ntinuation Page to this page. I umber (if known). | art 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY clait could result in a claim. Also list executory contracts on Schedule A/B: Property (Office Leases (Official Form 106G). Do not include any creditors with partially secured claim d by Property. If more space is needed, copy the Part you need, fill it out, number the end fyou have no information to report in a Part, do not file that Part. On the top of any add | cial Form 106A/B) and on s that are listed in ntries in the boxes on the |
| | All of Your PRIORITY Unsec | | |
| _ ` | tors have priority unsecured cl | laims against you? | |
| No. Go to | Part 2. | | |
| ☐ Yes. | | | |
| Part 2: List A | All of Your NONPRIORITY L | Jnsecured Claims | |
| 3. Do any credit | tors have nonpriority unsecure | ed claims against you? | |
| ☐ No. You ha | ave nothing to report in this part. | Submit this form to the court with your other schedules. | |
| Yes. | | | |
| unsecured cla | im, list the creditor separately for | is in the alphabetical order of the creditor who holds each claim. If a creditor has more the reach claim. For each claim listed, identify what type of claim it is. Do not list claims already in the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |
| | | | Total claim |
| | DISTRICT COURT | Last 4 digits of account number 18GC | \$0.00 |
| 32765 | ity Creditor's Name 5 MILE ROAD a, MI 48154-3045 | When was the debt incurred? | _ |
| | Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who inc | urred the debt? Check one. | | |
| ■ Debto | or 1 only | ☐ Contingent | |
| ☐ Debto | or 2 only | ☐ Unliquidated | |
| | or 1 and Debtor 2 only | Disputed | |
| | ist one of the debtors and anothe | _ ' | |
| | k if this claim is for a commun | | |
| debt | aim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | | Other Specify Notice Only | |

| Debto | T1 Wayne Douglas Hollars, II | | Case number (if known) | |
|-------|--|---|--|------------|
| 4.2 | AmeriCredit/GM Financial | Last 4 digits of account number | 0625 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 183853 Arlington, TX 76096 | When was the debt incurred? | Opened 03/07 Last Active 2/25/11 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | a ciaini. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □Yes | Other Specify Automobile | 9 | |
| 4.3 | Amex Nonpriority Creditor's Name | Last 4 digits of account number | 7553 | \$6,673.00 |
| | Correspondence/Bankruptcy Po Box 981540 El Paso. TX 79998 | When was the debt incurred? | Opened 02/16 Last Active 3/17/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.4 | Bank Of America Nonpriority Creditor's Name | Last 4 digits of account number | 8767 | \$0.00 |
| | Attn: Bankruptcy Po Box 982238 El Paso, TX 79998 | When was the debt incurred? | Opened 05/09 Last Active 7/07/14 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sena | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and the second of the second o | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify FHA Real E | state Mortgage | |

Schedule E/F: Creditors Who Have Unsecured Claims

| | ^{r 1} Wayne Douglas Hollars, II | | Case number (if known) | |
|--|---|--|---|--------|
| 4.5 | Capital One | Last 4 digits of account number | 4493 | \$0.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 06/06 Last Active 3/29/16 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.6 | Capital One | Last 4 digits of account number | 7286 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Self Loke City LLT 84430 | When was the debt incurred? | Opened 12/14 Last Active 3/29/16 | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.7 | Citi/Sears | Last 4 digits of account number | 1842 | \$0.00 |
| | Nonpriority Creditor's Name Citibank/Centralized Bankruptcy Po Box 790034 St.L. avia MO 63170 | When was the debt incurred? | Opened 5/18/09 Last Active 10/06/13 | |
| | St Louis, MO 63179 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | · · · · · · · · · · · · · · · · · · · | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |

■ No

☐ Yes

■ Other. Specify Credit Card

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

| Debtor | 1 Wayne Douglas Hollars, II | | Case number (if known) | |
|--------|---|--|--|------------|
| 4.8 | Citibank | Last 4 digits of account number | 8848 | \$0.00 |
| | Nonpriority Creditor's Name Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 | When was the debt incurred? | Opened 4/10/13 Last Active 6/07/17 | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.9 | Citibank North America | Last 4 digits of account number | 7946 | \$0.00 |
| | Nonpriority Creditor's Name Citibank Corp/Centralized Bankruptcy Po Box 790034 | When was the debt incurred? | Opened 7/05/17 Last Active 11/02/17 | |
| | St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Credit Card | <u> </u> | |
| 4.1 | Citicards Cbna | Last 4 digits of account number | 5961 | \$3,918.00 |
| | Nonpriority Creditor's Name Citi Bank Po Box 6077 | When was the debt incurred? | Opened 02/18 Last Active 9/25/18 | |
| | Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | ☐ Yes | Other. Specify Credit Card | I | |

Schedule E/F: Creditors Who Have Unsecured Claims

| Wayne Douglas Hollars, II | | Case number (if known) | |
|--|---|--|-----------|
| Citicards Cbna | Last 4 digits of account number | 1488 | \$0.0 |
| Nonpriority Creditor's Name Citi Bank Po Box 6077 | When was the debt incurred? | Opened 6/20/16 Last Active 9/24/18 | |
| Sioux Falls, SD 57117 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | Пол | | |
| _ | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| At least one of the debtors and another | Student loans | · Oldmir. | |
| ☐ Check if this claim is for a community lebt sthe claim subject to offset? | _ | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other Specify Credit Card | | |
| Comenity Bank/Carsons Nonpriority Creditor's Name | Last 4 digits of account number | 8946 | \$1,596.0 |
| Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 02/12 Last Active 9/25/18 | |
| Columbus, OH 43218 Jumber Street City State Zip Code Jumple Check one. | As of the date you file, the claim i | s: Check all that apply | |
| _ | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| ☐ At least one of the deptors and another ☐ Check if this claim is for a community | ☐ Student loans | | |
| iebt s the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| - No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐Yes | ■ Other. Specify Charge Acc | count | |
| Comenity Capital Bank/HSN | Last 4 digits of account number | 9119 | \$0.0 |
| lonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 | When was the debt incurred? | Opened 01/16 Last Active 3/29/16 | |
| Columbus, OH 43218 Jumber Street City State Zip Code Vho incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharin | • | |
| ☐ Yes | ■ Other, Specify Charge Acc | count | |

Schedule E/F: Creditors Who Have Unsecured Claims

| 1 Wayne Douglas Hollars, II | | Case number (if known) | |
|--|---|--|------|
| Comenitybank/Jared | Last 4 digits of account number | 8889 | \$0. |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 02/17 Last Active 02/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured Student loans | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | on plans, and other similar debts | |
| Yes | ■ Other. Specify Charge Acc | | |
| Community Financial Members CU | Last 4 digits of account number | 0201 | \$0. |
| Nonpriority Creditor's Name | - | | |
| Attn: Bankruptcy 500 S Harvey Po Box 8050 | When was the debt incurred? | Opened 09/13 Last Active 7/28/14 | |
| Plymouth, MI 48170 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | • | |
| Yes | Other. Specify Credit Line | Secured | |
| Community Financial Members CU Nonpriority Creditor's Name | Last 4 digits of account number | 0001 | \$0. |
| Attn: Bankruptcy 500 S Harvey Po Box 8050 | When was the debt incurred? | Opened 05/13 Last Active 10/23/14 | |
| Plymouth, MI 48170 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | and the second s | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | ■ Other. Specify Automobile | • | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Costco Go Anywhere Citicard | Last 4 digits of asserunt number | 7871 | \$5,753.00 |
|--|---|---|-------------|
| Nonpriority Creditor's Name Citicorp Credit Services/Centralized | Last 4 digits of account number | Opened 06/16 Last Active | φ3,733.00 |
| Ban Po Box 790040 St. Louis, MO 64195 | When was the debt incurred? | 9/25/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Credit Card | <u> </u> | |
| David Paul and Vickey Paul | Last 4 digits of account number | | \$46,000.00 |
| Nonpriority Creditor's Name 17511 Fairfield St. | When was the debt incurred? | | |
| Livonia, MI 48152 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify | | |
| Discover Financial | Last 4 digits of account number | 6449 | \$6,572.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316 | When was the debt incurred? | Opened 09/17 Last Active 10/15/18 | |
| Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | aration agreement or divorce that you did not | |
| s the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit Card | 1 | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Wayne Douglas Hollars, II | | Case number (if known) | |
|---|--|---|------|
| Discover Financial | Last 4 digits of account number | 6674 | \$0. |
| Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 07/12 Last Active 2/22/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| _ | П | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| At least one of the debtors and another | Student loans | u Ciaiiii. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | og plans, and other similar debts | |
| □ Yes | Other. Specify Credit Card | | |
| E. Aller J.B. J | | 0700 | |
| First National Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9736 | \$0. |
| Attn: Bankruptcy 1620 Dodge St Mailstop 4440 | When was the debt incurred? | Opened 02/15 Last Active 4/13/18 | |
| Omaha, NE 68197 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| Hsbc/paris | Last 4 digits of account number | 0561 | \$0. |
| Nonpriority Creditor's Name Hsbc Card Srvs/Attn: Bankruptcy Po Box 4215 | When was the debt incurred? | Opened 2/07/12 Last Active 6/15/12 | |
| Buffolo, NY 14240 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sens | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | manon agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Charge Acc | count | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Wayne Douglas Hollars, II | | Case number (if known) | |
|---|---|---|---------|
| Instant Imaging, LLC Nonpriority Creditor's Name PO Box 771970 Detroit, MI 48277-1970 Number Street City State Zip Code | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim | is: Check all that apply | \$101.8 |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify | | |
| Kohls/Capital One | Last 4 digits of account number | 6451 | \$0. |
| Nonpriority Creditor's Name Kohls Credit Po Box 3120 | When was the debt incurred? | Opened 04/18 Last Active 6/18/18 | |
| Milwaukee, WI 53201 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | , | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Charge Acc | count | |
| Lincoln Automotive Financial Service | Last 4 digits of account number | 0670 | \$0. |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 542000 Omaha, NE 68154 | When was the debt incurred? | Opened 11/11 Last Active 5/30/13 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharing | •• | |
| Yes | ■ Other. Specify Automobile | e | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Wayne Douglas Hollars, II | | Case number (if known) | |
|---|--|--|-------|
| Lincoln Automotive Financial Service | Last 4 digits of account number | 0687 | \$0.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 542000 Omaha, NE 68154 | When was the debt incurred? | Opened 10/14 Last Active 12/20/17 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify Lease | | |
| Lincoln Automotive Financial | | | • |
| Service Nonpriority Creditor's Name | Last 4 digits of account number | 8158 | \$0.0 |
| Attn: Bankruptcy Po Box 542000 Omaha, NE 68154 | When was the debt incurred? | Opened 07/15 Last Active 4/26/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Lease | | |
| Lincoln Automotive Financial Service Nonpriority Creditor's Name | Last 4 digits of account number | 6913 | \$0.0 |
| Attn: Bankruptcy Po Box 542000 | When was the debt incurred? | Opened 10/13 Last Active 9/16/15 | |
| Omaha, NE 68154 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | Debts to pension or profit-sharin | a plans, and other similar debts | |
| | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Lincoln Automotive Financial | | | |
|--|--|--|--------|
| Service | Last 4 digits of account number | 9241 | \$0.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 02/12 Last Active | |
| Po Box 542000 | When was the debt incurred? | 11/13/13 | |
| Omaha, NE 68154 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | Пол | | |
| _ | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| At least one of the debtors and another | Student loans | r claiii. | |
| ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | Other. Specify Lease | | |
| Lincoln Automotive Financial | | | • |
| Service Nonpriority Creditor's Name | Last 4 digits of account number | 1088 | \$0. |
| Attn: Bankruptcy | | Opened 03/06 Last Active | |
| Po Box 542000 | When was the debt incurred? | 3/18/09 | |
| Omaha, NE 68154 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | |
| ■ Debtor 1 only | O continuent | | |
| _ | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| At least one of the debtors and another | ☐ Student loans | · old | |
| ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Lease | | |
| M2 REVIEW GROUP | Last 4 digits of account number | 8548 | \$281. |
| Nonpriority Creditor's Name | _ | | |
| DEPT. 77313 | When was the debt incurred? | | |
| P.O. BOX 77000 Detroit, MI 48277-0313 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | report as priority dialilis | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Wayne Douglas Hollars, II | | Case number (if known) | |
|--|---|---|-------------|
| Marcus by Goldman Sachs | land delimite of an army army have | 4405 | \$0.0 |
| Nonpriority Creditor's Name | Last 4 digits of account number | 4403 | Ф О. |
| Attn: Bankruptcy | | Opened 1/05/17 Last Active | |
| Po Box 45400 | When was the debt incurred? | 11/02/17 | |
| Salt Lake City, UT 84145 | | Francis III III II II II | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | IS: Check all that apply | |
| _ | П., | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | og plans, and other similar debts | |
| ■ No □ Yes | | | |
| ⊔ Yes | Other. Specify Unsecured | | |
| Mendelson Kornblum | Last 4 digits of account number | 6498 | \$999. |
| Nonpriority Creditor's Name 27472 Schoenherr Rd. | When was the debt incurred? | | |
| Suite 140 | when was the dept incurred: | | |
| Warren, MI 48088-6681 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| Mendelson Orthopedics, P.C. | Last 4 digits of account number | 18GC | Unknov |
| Nonpriority Creditor's Name | | | Ontaio |
| c/o Zellen & Zellen, PLLC | When was the debt incurred? | | |
| James C. Zellen, Esq. | | | |
| 1637 W. Big Beaver , Suite F Troy, MI 48084 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | - | • • • | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | _ | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | ag. someth of divorce that you did not | |
| _ | П ракта на положена по по положена по | ng plans, and other similar debts | |
| ■ No | Debts to pension or profit-snaring | ig piaris, and other similar debts | |

Schedule E/F: Creditors Who Have Unsecured Claims

| ST. JOHN PROVIDENCE HOSPITAL | Last 4 digits of account number | 9547 | \$2,153 |
|--|--|---|---------|
| Nonpriority Creditor's Name P.O. BOX 42008 | When was the debt incurred? | | |
| Phoenix, AZ 85080-2008 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| \square Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | Other. Specify | | |
| Sterling Jewelers/Jared | Last 4 digits of account number | 8366 | \$0 |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 02/17 Last Active | |
| 375 Ghent Rd Akron, OH 44333 | When was the debt incurred? | 10/20/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | Пол | | |
| | ☐ Contingent | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Synchrony Bank | Last 4 digits of account number | 8078 | \$0 |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 07/12 Last Active | |
| Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | 8/16/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | manor agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Charge Acc | naumt | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 13 of 16

| Wayne Douglas Hollars, II | | Case number (if known) | |
|---|---|--|-----|
| Synchrony Bank/ JC Penneys | Last 4 digits of account number | 2621 | \$0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 2/19/13 Last Active 6/16/13 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Synchrony Bank/Care Credit | Last 4 digits of account number | 8794 | \$0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 | When was the debt incurred? | Opened 07/18 Last Active 12/11/18 | |
| Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Charge Acc | count | |
| Synchrony Bank/Care Credit | Last 4 digits of account number | 8419 | \$0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 | When was the debt incurred? | Opened 10/24/07 Last Active 2/23/11 | |
| Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | <u> </u> | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Charge Acc | count | |

Schedule E/F: Creditors Who Have Unsecured Claims

| Debt | or 1 Wayne Douglas Hollars, II | Case number (if known) | | |
|------|--|---|---|------------|
| 4.4 | Sunchrony Bonk/Molmort | | 6204 | ¢0.00 |
| 1 | Synchrony Bank/Walmart Nonpriority Creditor's Name | Last 4 digits of account number | 6201 | \$0.00 |
| | Attn: Bankruptcy | | Opened 12/06/11 Last Active | |
| | Po Box 965060 | When was the debt incurred? | <u>2/</u> 27/15 | |
| | Orlando, FL 32896 Number Street City State Zip Code | | ion Charland that are he | |
| | Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | |
| | Debtor 1 only | Пол | | |
| | | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d alaim. | |
| | At least one of the debtors and another | Student loans | a Claim. | |
| | ☐ Check if this claim is for a community debt | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| 4.4 | Visa Dept Store National | | | |
| 2 | Bank/Macy's Nonpriority Creditor's Name | Last 4 digits of account number | 5930 | \$0.00 |
| | Attn: Bankruptcy | | Opened 12/18/12 Last Active | |
| | Po Box 8053 | When was the debt incurred? | 1/04/16 | |
| | Mason, OH 45040 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | з. Спеск ан так арру | |
| | ■ Debtor 1 only | Continuent | | |
| | • | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | a ciaiii. | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | iration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.4 | We Florida Financial | | 3258 | Unknown |
| 3 | Nonpriority Creditor's Name | Last 4 digits of account number | | UIIKIIUWII |
| | Attn: Bankruptcy | | Opened 07/14 Last Active | |
| | Po Box 14548 | When was the debt incurred? | 8/09/18 | |
| | Fort Lauderdale, FL 33302 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | s. Спеск ан тлат арргу | |
| | ■ Debtor 1 only | O continuous | | |
| | <u> </u> | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ At least one of the debtors and another | Student loans | u Olanin | |
| | ☐ Check if this claim is for a community debt | | protion agreement or diverse that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | ■ Other Specify Real Estate | | |
| | — 163 | Utner. Specify Iteal Estate | · ···································· | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Zeal CU/Co-Op Services CU | Last 4 digits of account number | 5096 | \$0.00 |
|--|--|--|--------|
| Nonpriority Creditor's Name Attn: Bankruptcy 17250 Newburgh Rd | When was the debt incurred? | Opened 02/10 Last Active 2/22/12 | |
| Livonia, MI 48152 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Automobile | • | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | 6f. | Student loans | 04 | Total Claim |
| Total | ы. | Student loans | 6f. | \$ 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | |
| IIOIII Fait 2 | og. | you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 74,048.76 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 74,048.76 |

| Fill in this information to identify your case: | | | | | |
|---|--------------------------|--------------------|------------|--|--------------------------------------|
| Debtor 1 | Wayne Douglas H | as Hollars, II | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|---|
| 2.1 | Lincoln Automotive Financial Service Attn: Bankruptcy Po Box 542000 Omaha, NE 68154 | Acct# 55581012 Opened 10/17 Lease of a 2017 Ford Escape |
| 2.2 | Lincoln Automotive Financial Service Attn: Bankruptcy Po Box 542000 Omaha, NE 68154 | Acct# 54811417 Opened 04/17 Lease of a 2016 Ford Flex |

| Fill in this | information to identify your | case. | | | |
|--------------------|---|-------------------------------|-------------------------|---|---|
| | | | | | |
| Debtor 1 | Wayne Douglas First Name | Hollars, II Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United Stat | es Bankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | | |
| Case numb | per | | | | ☐ Check if this is an amended filing |
| Official | Form 106H | | | | |
| | ule H: Your Cod | ebtors | | | 12/15 |
| your name | nd number the entries in the and case number (if known) you have any codebtors? (If | . Answer every question | | | p of any Additional Pages, write |
| ■ No □ Yes | | | | | |
| | nin the last 8 years, have you a, California, Idaho, Louisiana | | | | ty states and territories include |
| | Go to line 3. Did your spouse, former spor | use, or legal equivalent live | e with you at the time? | | |
| in line Form 1 | 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed t | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor lame, Number, Street, City, State and Z | P Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street | | | <u> </u> | |
| C | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lir | |
| | Name | | | Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| <u> </u> | Number Street | | | _ | |
| C | City | State | ZIP Code | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1 Best Case, LLC - www.bestcase.com

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| | | | | | | 1 | | | | |
|--------------------|---|--|---|---------------------|----------------|---------------------|---------------------------|---------------------------|------------------------------|-----------------|
| | in this information to identify you btor 1 Wayne Do | rcase: ouglas Hollars, II | | | | | | | | |
| | btor 2 puse, if filing) | - | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for t | he: EASTERN DISTRICT | OF MICHIGAN | | | | | | | |
| | se number nown) | | - | | | □ A | | ed filing ent showin | g postpetition | chapter |
| O ⁻ | fficial Form 106I | | | | | | | | blowing date: | |
| | chedule I: Your In | come | | | | IV | 1M / DD/ Y | YYY | | 12/15 |
| sup spo atta | as complete and accurate as popularing correct information. If you are separated and you have separated and you have separate sheet to this formation. Describe Employment | ou are married and not fili our spouse is not filing w n. On the top of any additi | ng jointly, and your ith you, do not incl | spouse ude infor | is liv mati | ing with on abou | you, incl your spo | ude inforn ouse. If mo | nation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | | ☐ Employed ☐ Not employed | | | |
| | employers. | Occupation | Store Manager | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Art Van Furnitu | ıre | | | | | | |
| | Occupation may include studer or homemaker, if it applies. | Employer's address | 29905 West Se Livonia, MI 481 | | e Rd | | | | | |
| | | How long employed t | here? 8 year | s | | | _ | | | |
| Par | t 2: Give Details About M | onthly Income | | | | | | | | |
| spou If yo | mate monthly income as of the use unless you are separated. ou or your non-filing spouse have e space, attach a separate sheet | more than one employer, co | , | · | • | · | | • | , | Ū |
| | | | | | | For Del | otor 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | • | | 2. | \$ | 8 | ,027.07 | \$ | N/A | |
| 3. | Estimate and list monthly over | ertime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | 4. | \$ | 8,02 | 27.07 | \$ | N/A | |

| | | | | | For | Debtor 1 | | r Debtor n-filing s | | |
|----------|---------------------------|---|---|---------------|-------------|---------------------------|-------------------|------------------------|-------------------|-----------------|
| | Сору | line 4 here | | 4. | \$ | 8,027.07 | \$ | 9 - | N/A | - |
| 5. | l ist a | all payroll deduct | | | | | _ | | | _ |
| ·. | 5a. | | and Social Security deductions | 5a. | \$ | 1 201 91 | \$ | | N/A | |
| | 5b. | | ributions for retirement plans | 5a. 5b. | \$ — | 1,291.81 0.00 | \$- | | N/A | _ |
| | 5c. | • | ibutions for retirement plans | 5c. | \$ | 400.83 | \$_ | | N/A | _ |
| | 5d. | • | ments of retirement fund loans | 5d. | \$ | 0.00 | \$- | | N/A | _ |
| | 5e. | Insurance | nents of retirement runa loans | 5e. | \$ | 520.43 | \$_ | | N/A | _ |
| | 5f. | Domestic suppo | ort obligations | 56. 5f. | \$ | 0.00 | \$_ | | N/A | _ |
| | 5g. | Union dues | or obligations | 5g. | \$_ | 0.00 | \$- | | N/A | |
| | 5g. 5h. | Other deduction | se Specify: | 5g. 5h.+ | | | + \$ ⁻ | | N/A | _ |
| 6. | | | tions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h. | — 511.4 6. | Ψ_ \$ | 2,213.07 | τΨ_ \$ | | N/A | _ |
| o. 7. | | | ly take-home pay. Subtract line 6 from line 4. | 7. | \$ _ | 5,814.00 | \$_ \$ | | N/A | - |
| | | | | ٠. | Ψ — | 3,614.00 | Ψ_ | | IN/A | - |
| 8. | List a 8a. | Net income from profession, or fa Attach a stateme | nt for each property and business showing gross and necessary business expenses, and the total | 8a. | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and divi | | 8b. | \$ | 0.00 | \$ | | N/A | |
| | 8c. | regularly received Include alimony, | payments that you, a non-filing spouse, or a dependen e spousal support, child support, maintenance, divorce property settlement. | 8c. | \$ | 0.00 | \$ | | N/A | _ |
| | 8d. | Unemployment | compensation | 8d. | \$ | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | | 8e. | \$ | 0.00 | \$ | | N/A | _ |
| | 8f. | Include cash assi that you receive, Nutrition Assistar Specify: | ent assistance that you regularly receive istance and the value (if known) of any non-cash assistance such as food stamps (benefits under the Supplemental nee Program) or housing subsidies. | 8f. | \$ | 0.00 | \$_ | | N/A | _ |
| | 8g. | Pension or retire | ement income | 8g. | \$ | 0.00 | \$_ | | N/A | _ |
| | 8h. | Other monthly in | ncome. Specify: | 8h.+ | \$ | 0.00 | + \$_ | | N/A | _ |
| 9. | Add | all other income. | Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$_ | | N/A | 4 |
| 10 | Calci | ulate monthly inc | ome. Add line 7 + line 9. | 10. \$ | | 5,814.00 + \$ | | N/A | = \$ | 5,814.00 |
| 10. | | • | 0 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. Ψ | | 3,014.00 + Ψ ₋ | | 17/7 | - [•] - | 3,614.00 |
| 11. | State Include other | e all other regular de contributions fro friends or relatives of include any amo | contributions to the expenses that you list in Schedul or an unmarried partner, members of your household, you | ır depen | | | | | | 0.00 |
| 12. | | that amount on th | e last column of line 10 to the amount in line 11. The re e Summary of Schedules and Statistical Summary of Certa | | | | | e. 12. | \$ | 5,814.00 |
| 13. | Do y | • | ease or decrease within the year after you file this form | n? | | | | · · | Combin monthl | ned y income |
| | | No. | | | | | | | | |
| | | Yes. Explain: | | | | | | | | |

| Fill | in this informa | ation to identify y | our case: | | | | | | | |
|------|--|---|--------------------------|---|--|------------------|---|---|--|--|
| Deb | otor 1 | Wayne Doug | glas Holla | ars, II | | Chec | k if this is: | | | |
| | otor 2 ouse, if filing) | | | , | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: | | |
| ` . | | ruptcy Court for the | : EASTE | RN DISTRICT OF MICHIG | BAN | MM / DD / YYYY | | | | |
| | se number | | | | | | | | | |
| 0 | fficial Fo | rm 106J | | | | | | | | |
| | | J: Your | Exper | ises | | | | 12/1 | | |
| Be | as complete ormation. If m | and accurate as | s possible eded, atta | . If two married people ar ch another sheet to this | | | | | | |
| Par | t 1: Desc | ribe Your House | ehold | | | | | | | |
| 1. | No. Go to | | | | | | | | | |
| | _ | | in a separ | ate household? | | | | | | |
| | | - | et file Offici | al Form 106J-2, <i>Expenses</i> | for Sonarata House | hold of Dobt | or 2 | | | |
| 2. | | es. Debior 2 ma e dependents? | _ | ai Foiiii 1005-2, <i>Expenses</i> | Tor Separate House | inola of Debt | OI Z. | | | |
| ۷. | Do not list D Debtor 2. | • | □ No ■ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | | |
| | Do not state | the | | | | | | □ No | | |
| | dependents | names. | | | Son | | | ■ Yes | | |
| | | | | | Son | | 13 | □ No ■ Yes | | |
| | | | | | | | | □ No | | |
| | | | | | Son | | 15 | ■ Yes □ No | | |
| | | | | | Son | | 17 | ■ Yes | | |
| 3. | expenses of yourself an | penses include If people other t d your depende | than ents? □ | No Yes | | | | | | |
| exp | timate your e | a date after the | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| the | lude expense value of suc ficial Form 10 | h assistance an | non-cash id have ind | government assistance i luded it on <i>Schedule I:</i> \ | f you know our Income | | Your exp | enses | | |
| 4. | | or home owners | | ses for your residence. I r lot. | nclude first mortgage | e 4. \$ | | 1,010.00 | | |
| | If not include | ded in line 4: | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 290.00 | | |
| | 4b. Prope | erty, homeowner' | | | | 4b. \$ | | 160.00 | | |
| | | e maintenance, re eowner's associa | • | ipkeep expenses | | 4c. \$ 4d. \$ | | 0.00 | | |
| 5. | | | | our residence, such as ho | me equity loans | 5. \$ | | 0.00 | | |

Official Form 106J Schedule J: Your Expenses

| Fill in this infor | mation to identify you | r case: | | |
|---------------------|--|-----------------------------|--|---|
| Debtor 1 | Wayne Douglas | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | E. AN | ACT III AT | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | _ |
| Case number _ | | | | ☐ Check if this is an amended filing |
| Official Forr | | | 5. | |
| Declarat | tion About | an Individual | Debtor's Schedule | PS 12/15 |
| | n Below ny or agree to pay som | eone who is NOT an attor | ney to help you fill out bankruptcy fo | rms? |
| ■ No | | | | |
| ☐ Yes. I | Name of person | | | ach Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119) |
| | alty of perjury, I declar e true and correct. | e that I have read the sumi | mary and schedules filed with this de | eclaration and |
| X /s/ Wa | yne Douglas Hollar | s, II | x | |
| Wayne | e Douglas Hollars, I | | Signature of Debtor 2 | |
| Date | April 30, 2019 | | Date | |
| | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Eil | I in this information to identify yo | uir case: | | | |
|---------------------|---|--|---|--|---|
| | | | | | |
| Dei | btor 1 Wayne Dougla First Name | Middle Name | Last Name | | |
| | btor 2 ouse if, filling) First Name | Middle Name | Last Name | | |
| Uni | ited States Bankruptcy Court for the | e: EASTERN DISTRICT OF | MICHIGAN | | |
| | se number nown) | | | _ | Check if this is an mended filing |
| Sta Be a info | fficial Form 107 atement of Financial as complete and accurate as pos ormation. If more space is neede nber (if known). Answer every qu | sible. If two married people a | are filing together, both are | equally responsible for sup | |
| Pa | rt 1: Give Details About Your | Marital Status and Where You | Lived Before | | |
| 1. | What is your current marital sta | tus? | | | |
| | ■ Married□ Not married | | | | |
| 2. | During the last 3 years, have yo | u lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List all of the places you | u lived in the last 3 years. Do no | ot include where you live nov | ν. | |
| | Debtor 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there |
| 3. stat | Within the last 8 years, did you les and territories include Arizona, C | | | | |
| | ■ No □ Yes. Make sure you fill out S | chedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pai | Explain the Sources of Yo | our Income | | | |
| 4. | Did you have any income from of Fill in the total amount of income yell you are filing a joint case and you | ou received from all jobs and a | all businesses, including part | -time activities. | ndar years? |
| | □ No■ Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | om January 1 of current year unti e date you filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$22,228.81 | ☐ Wages, commissions, bonuses, tips | |
| | | Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| | D 14 0 | | | |
|--|-------------------|--|--|--|

Debtor 1 or Debtor 2 or both have primarily consumer debts.During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you paid

Still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 | Wayne Douglas Hollars, II | | Cas | se number (if known | | |
|-----|---------------------|--|--|--|---|------------------------------------|--|
| 7. | <i>Inside</i> of wh | in 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in tiness you operate as a sole proprietor. 1 ny. | artners; relatives of any ge control, or owner of 20% | neral partners; partners or more of their voting | erships of which yog g securities; and a | ou are a genera any managing ag | I partner; corporations gent, including one for |
| | _ | No Yes. List all payments to an insider. | | | | | |
| | Insid | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | inside Includ | in 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos | | yments or transfer a | any property on a | account of a de | bt that benefited an |
| | | Yes. List all payments to an insider | | | | | |
| | Insid | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for to Include credit | this payment tor's name |
| Pai | rt 4: | Identify Legal Actions, Repossession | ns. and Foreclosures | | | | |
| | List a modif | in 1 year before you filed for bankrupter ll such matters, including personal injury fications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of the | e case |
| 10. | | in 1 year before you filed for bankrupt k all that apply and fill in the details belov | | erty repossessed, f | oreclosed, garni | shed, attached | , seized, or levied? |
| | _ | No. Go to line 11. | | | | | |
| | | Yes. Fill in the information below. | Describe the Property | | Date | | Value of the |
| | Ciec | and Name and Address | Explain what happene | | Date | • | property |
| 11. | acco | in 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details. | | cluding a bank or fir | nancial institutio | n, set off any a | mounts from your |
| | | ditor Name and Address | Describe the action th | e creditor took | Date take | action was | Amount |
| 12. | | in 1 year before you filed for bankrupt -appointed receiver, a custodian, or a | | erty in the possess | ion of an assigne | ee for the bene | fit of creditors, a |
| | | No | | | | | |
| | | Yes | | | | | |
| Pai | rt 5: | List Certain Gifts and Contributions | | | | | |
| 13. | | in 2 years before you filed for bankrup No | etcy, did you give any gif | ts with a total value | of more than \$6 | 00 per person? | |
| | Gifts | Yes. Fill in the details for each gift. s with a total value of more than \$600 | Describe the gifts | 1 | | s you gave | Value |
| | Pers | person son to Whom You Gave the Gift and ress: | | | the (| gnio | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| De | wayne bouglas Hollars, II | | (| Jase number | (If Known) | |
|-----|---|--|---|----------------|---|-------------------------|
| | | | | | | |
| 14. | Within 2 years before you filed for bank | | | ns with a tota | al value of more than | \$600 to any charity? |
| | ☐ Yes. Fill in the details for each gift or o | contribu | tion. | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | | Dates you contributed | Value |
| Pa | rt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | iptcy o | r since you filed for bankruptcy, did y | ou lose any | thing because of the | t, fire, other disaster |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Describe the property you lost and | Descr | ibe any insurance coverage for the lo | oss | Date of your | Value of property |
| | how the loss occurred | Includ | e the amount that insurance has paid. L nce claims on line 33 of Schedule A/B: | ist pending | loss | lost |
| Dο | rt 7: List Certain Payments or Transfer | | | | | |
| 1 4 | List Ocitain Layments of Transier | <u>. </u> | | | | |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition | prepari | ing a bankruptcy petition? | | | rty to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | | Description and value of any pres | a #41 / | Data naumant | Amount of |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment |
| | Law Offices of J. L. Haddock, PLLO 29240 Buckingham Suite 8C Livonia, MI 48154 jared@jlhaddock.com | | Attorney Fees | | 3/20/2019 | \$749.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha | ditors o | or to make payments to your creditor | | or transfer any prope | rty to anyone who |
| | _ | t you lis | itea on line 16. | | | |
| | No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have also | u r busi ı s made | ness or financial affairs? as security (such as the granting of a se | | | |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or seceived or debts | Date transfer was made |
| | Person's relationship to you | | | pa.a 07 | | |
| | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 19. | beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | |
|-----|--|---|---------------------------------------|--------------|---|---|
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was made |
| Par | 8: List of Certain Financial Accounts, Ins | struments, Safe Deposit | Boxes, and St | orage Units | S | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, o money market, o coperatives, asso | or other financial accour | nts; certificates | of deposit | • | , , |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | · · · · · · · · · · · · · · · · · · · | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed for | bankruptcy, ar | ny safe dep | osit box or other depos | itory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Address (Number, Street, City, | | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit o ■ No □ Yes. Fill in the details. | or place other than your | home within 1 | year before | e you filed for bankrupt | cy? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | to it? Address (Number, Street, City, | | the contents | Do you still have it? |
| Par | 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. No | meone else owns? Inclu | ude any properi | ty you borre | owed from, are storing | for, or hold in trust |
| | Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S | | Describe t | the property | Value |
| Par | 10: Give Details About Environmental Info | Code) | | | | |
| | he purpose of Part 10, the following definition | | | | | |
| | Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these | ne air, land, soil, surface | e water, ground | | | |
| | Site means any location, facility, or property to own, operate, or utilize it, including dispo | | environmental l | aw, whethe | er you now own, operat | e, or utilize it or used |
| | Hazardous material means anything an envi hazardous material, pollutant, contaminant, | | as a hazardous | waste, haz | zardous substance, toxi | c substance, |
| Rep | ort all notices, releases, and proceedings that | at you know about, rega | ardless of when | they occu | rred. | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| 24. | . Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | | |
|-----|--|---|--|-------|--|--------------------|--|--|--|--|
| | | No Yes. Fill in the details. | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | | |
| 26. | Hav | e you been a party in any judicial or adm | ninistrative proceeding under any envi | ironr | mental law? Include settlements a | and orders. | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | - | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | | | |
| Par | t 11: | Give Details About Your Business or 0 | Connections to Any Business | | | | | | | |
| 27. | Witl | hin 4 years before you filed for bankrupte | cy, did you own a business or have an | ıy of | the following connections to any | business? | | | | |
| | | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| | | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | | ■ No. None of the above applies. Go to Part 12. | | | | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | s. | | | | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification numbe | | | | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security Dates business existed | number or ITIN. | | | | |
| 28. | | hin 2 years before you filed for bankruptoitutions, creditors, or other parties. | cy, did you give a financial statement t | to ar | nyone about your business? Inclu | ıde all financial | | | | |
| | | No Yes. Fill in the details below. | | | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | | |
| | | | | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debto | Wayne Douglas Hollars, II | | Case number (if known) |
|-------------------------|---|--|---|
| | | | |
| Part 1 | 2: Sign Below | | |
| are tru vith a | | ng a false statement, concealing prop | nts, and I declare under penalty of perjury that the answers perty, or obtaining money or property by fraud in connection p to 20 years, or both. |
| /s/ W | ayne Douglas Hollars, II | | |
| • | ne Douglas Hollars, II lture of Debtor 1 | Signature of Debtor 2 | |
| Date | April 30, 2019 | Date | |
| Did yo ■ No □ Yes | | ement of Financial Affairs for Individ | duals Filing for Bankruptcy (Official Form 107)? |
| Did yo | u pay or agree to pay someone who is | not an attorney to help you fill out b | oankruptcy forms? |
| No | | | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

UNITED STATES BANKRUPTCY COURT

| | | FOR THE EASTERN | DISTRICT OF MICHIGA | N |
|--------|---------------------------------------|--|--|---|
| In re: | | | Case No. | |
| | | Wayne Douglas Hollars, II | Chapter Hon. | 7 |
| | | Debtor(s). | 11011. | |
| | | STATEMENT OF AT | TORNEY FOR DEBTOR(S | 5) |
| | | | F.R.BANKR.P. 2016(b) | |
| | The un | dersigned, pursuant to F.R.Bankr.P. 2016(b), states tha | t: | |
| 1. | The un | dersigned is the attorney for the Debtor(s) in this case. | | |
| 2. | The co | mpensation paid or agreed to be paid by the Debtor(s) | to the undersigned is: [Check | one] |
| | [X] | FLAT FEE | | |
| | A. | For legal services rendered in contemplation of and exclusive of the filing fee paid | | |
| | В. | Prior to filing this statement, received | | 0.00 |
| | C. | The unpaid balance due and payable is | | 749.00 |
| | [] | RETAINER | | |
| | A. | Amount of retainer received | | |
| | B. | The undersigned shall bill against the retainer at an agreed to pay all Court approved fees and expenses | | |
| | | The hourly rate for the Attorney at the time non-attorney staff members and Paralegals \$80.00. Hourly rates are subject to change a Debtor(s) have agreed to pay all Court appretainer. | of the firm at the time of at any time without notic | filing of this statement is e. |
| 3. | \$ 33 | 5.00 of the filing fee has been paid. | | |
| 4. | In retur | n for the above-disclosed fee, I have agreed to render l not apply.] | egal service for all aspects of | the bankruptcy case, including: [Cross out any |
| | A. | Analysis of the debtor's financial situation, and rend bankruptcy; | lering advice to the debtor in | determining whether to file a petition in |
| | B. C. D. E. F. | Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credit Representation of the debtor in adversary proceedin Reaffirmations; Redemptions; Other: | tors and confirmation hearing | , and any adjourned hearings thereof; |
| 5. | | ement with the debtor(s), the above-disclosed fee does A. Representation of the Debtor(s) in advers B. Representation of the Debtor(s) at any ad or unpreparedness, including but not limited Examination; C. Motions for redemption of collateral; D. Motions to Compel Trustee to Abandon F E. Representation of the Debtor(s) in any money. | eary proceedings and oth ljourned hearing as a res d to the Meeting of Credi Property of the Estate; otion to lift the automatic | er contested bankruptcy matters; ult of the Debtor's non-appearance tors or adjourned Rule 2004 |
| | | G. Commencement of any adversary lawsui (i.e.student loans); H. Advice or consultation with any counsel Debtor(s); I. Appeals. | t to determine the discha | |
| 6. | The sou A. B. | xx Debtor(s)' earnings, wages, comp Other (describe, including the ide | | ed |

| 7. | The undersigned has not shared or agreed to share, with ar corporation, any compensation paid or to be paid except as | ny other person, other than with members of the undersigned's law firm or s follows: |
|---------|---|--|
| Dated: | April 30, 2019 | /s/ Jared L. Haddock Attorney for the Debtor(s) |
| | | Jared L. Haddock P69802 |
| | | Law Offices of J. L. Haddock, PLLC 29240 Buckingham |
| | | Suite 8C |
| | | Livonia, MI 48154 |
| | | 734-427-7000 jared@jlhaddock.com |
| Agreed: | /s/ Wayne Douglas Hollars, II | _ |
| | Wayne Douglas Hollars, II | Daletan |
| | Debtor | Debtor |

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | er 7: | Liquidation |
|----------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| | Wayne Douglas Hollars, II | Debtor(s) | _ Case No. Chapter 7 | |
|---------|-------------------------------|---|--------------------------------------|------|
| | VE | ERIFICATION OF CREDITOR I | MATRIX | |
| | ove-named Debtor bereby verif | fies that the attached list of creditors is true and co | orrect to the best of his/her knowle | ,dgo |
| The abo | ove-named Debtor hereby vern | | | age. |

16TH DISTRICT COURT 32765 5 MILE ROAD Livonia, MI 48154-3045

AmeriCredit/GM Financial Attn: Bankruptcy Po Box 183853 Arlington, TX 76096

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Citi/Sears Citibank/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citibank Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citibank North America Citibank Corp/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citicards Cbna Citi Bank Po Box 6077 Sioux Falls, SD 57117 Comenity Bank/Carsons Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Capital Bank/HSN Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenitybank/Jared Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Community Financial Members CU Attn: Bankruptcy 500 S Harvey Po Box 8050 Plymouth, MI 48170

Costco Go Anywhere Citicard Citicorp Credit Services/Centralized Ban Po Box 790040 St. Louis, MO 64195

David Paul and Vickey Paul 17511 Fairfield St. Livonia, MI 48152

Discover Financial Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850

First National Bank Attn: Bankruptcy 1620 Dodge St Mailstop 4440 Omaha, NE 68197

Hsbc/paris Hsbc Card Srvs/Attn: Bankruptcy Po Box 4215 Buffolo, NY 14240 Instant Imaging, LLC PO Box 771970 Detroit, MI 48277-1970

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201

Lincoln Automotive Financial Service Attn: Bankruptcy Po Box 542000 Omaha, NE 68154

M2 REVIEW GROUP DEPT. 77313 P.O. BOX 77000 Detroit, MI 48277-0313

Marcus by Goldman Sachs Attn: Bankruptcy Po Box 45400 Salt Lake City, UT 84145

Mendelson Kornblum 27472 Schoenherr Rd. Suite 140 Warren, MI 48088-6681

Mendelson Orthopedics, P.C. c/o Zellen & Zellen, PLLC James C. Zellen, Esq. 1637 W. Big Beaver, Suite F Troy, MI 48084

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019

ST. JOHN PROVIDENCE HOSPITAL P.O. BOX 42008 Phoenix, AZ 85080-2008

Sterling Jewelers/Jared Attn: Bankruptcy 375 Ghent Rd Akron, OH 44333

Synchrony Bank Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040

We Florida Financial Attn: Bankruptcy Po Box 14548 Fort Lauderdale, FL 33302

Zeal CU/Co-Op Services CU Attn: Bankruptcy 17250 Newburgh Rd Livonia, MI 48152